

Black Lung

New ICD-10 Edits

Edit 239 EOB: Bills for dates of service or coverage dates on or after 10/1/2015 cannot contain ICD-9 diagnosis codes.

Applies To: OWCP/CMS 1500 and UB-04

OWCP/CMS 1500, Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained an ICD-9 diagnosis code, but the date of service is after 9/30/2015.

Provider Action:

- Please submit a corrected bill with the proper ICD-10 diagnosis code(s).

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because the coverage through date is after 9/30/2015, and your bill contained an ICD-9 diagnosis code.

Provider Action:

- Please submit a corrected bill with the proper ICD-10 diagnosis code(s).

Edit 240 EOB: ICD-10 diagnosis codes can only be billed for dates on or after 10/1/2015.

Applies To: OWCP/CMS 1500 and UB-04

OWCP/CMS 1500, Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 diagnosis code, but the date of service is before 10/1/2015.

Provider Action:

- Please submit a corrected bill with the proper ICD-9 diagnosis code(s).

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained an ICD-10 diagnosis code(s).

Provider Action:

- Please submit a corrected bill with the proper ICD-9 DX code(s).

Edit 241 EOB: ICD-9 and ICD-10 diagnosis codes cannot be submitted on the same bill.
Effective 10/1/2015 ICD-10 diagnosis codes must be submitted for dates of service after 9/30/2015.

Applies To: OWCP/CMS 1500 and UB-04

OWCP/CMS 1500, Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained ICD -9 & ICD-10 code(s).
- In order for your bill to be considered for payment it must be split.

Provider Action:

- For dates of service that are prior to 10/1/2015, you must submit that bill with only ICD-9 diagnosis codes.
- For dates of service that are on or after 10/1/2015, you must submit that bill with only ICD-10 diagnosis codes.
- Please submit a corrected bill with the proper ICD-9 or ICD-10 diagnosis codes based on your billed dates of service or your coverage through date.

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained ICD -9 & ICD-10 diagnosis codes.
- If the coverage through date is before 10/1/2015, ICD-9 diagnosis codes are required.
- If the coverage through date is on or after 10/1/2015, ICD-10 diagnosis codes are required. This also applies if your service began before 10/1/2015, so long as the coverage through date is after 9/30/2015.

Provider Action:

- Please submit a corrected bill with the proper ICD-diagnosis codes.

Edit 242 EOB: ICD-10 diagnosis codes cannot be submitted before 10/1/2015.

Applies To: OWCP/CMS 1500 and UB-04, both at the header level

OWCP/CMS 1500 and Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 diagnosis code, but the date of service is before 10/1/2015.
- An ICD-10 diagnosis code cannot be billed with a date of service or coverage “through” date that is prior to 10/1/2015 effective date.
- If your date of service is prior to 10/1/2015, ICD-9 diagnosis codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-9 diagnosis code.

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained ICD-10 diagnosis codes.
- An ICD-10 diagnosis code cannot be billed with a coverage “through” date that is prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, ICD-9 diagnosis codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-9 diagnosis codes.

Edit 243 EOB: ICD-9 surgical procedure codes can only be billed for coverage dates prior to 10/1/2015.

Applies To: UB-04

UB-04 Outpatient

Scenario: Bill denied

- Your bill denied because it contained an ICD-9 surgical procedure code, but your coverage through date is after 9/30/2015.
- If your coverage through date is on or after 10/1/2015, ICD-10 surgical procedure codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-10 surgical procedure code.

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained an ICD-9 surgical procedure code, but your coverage through date is after 9/30/2015.
- If your coverage through date is on or after 10/1/2015, ICD-10 surgical procedure codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-10 surgical procedure code.

Edit 244 EOB: ICD-10 surgical procedure codes can only be billed for coverage through date that is on or after 10/1/2015.

Applies To: UB-04

UB-04 Outpatient

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code, but your coverage through date is before the 10/1/2015, ICD-10 effective date.
- An ICD-10 surgical procedure code cannot be billed prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, ICD-9 surgical procedures codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-surgical procedure code.

UB-04 Inpatient

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code, but the coverage through date is before 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD-surgical procedure code.

Edit 245 EOB: ICD-9 and ICD-10 surgical procedure codes cannot be submitted on the same bill.

Applies to: UB-04

UB-04 Outpatient

Scenario: Bill denied

- Your bill denied because it contained ICD -9 & ICD-10 surgical procedure codes.
- In order for your bill to be considered for payment it must be split.
- If your coverage through date is prior to 10/1/2015, you must submit that bill with only ICD-9 diagnosis codes.
- If your coverage through date is on or after 10/1/2015, you must submit that bill with only ICD-10 diagnosis codes.

Provider Action:

- Please submit a corrected bill with the proper ICD-9 or ICD-10 surgical procedure code(s) based on your billed date of service.

UB-04 Inpatient

Scenario: Bill denied

- Your bill denied because it contained ICD-9 and ICD-10 surgical procedure code(s), but the coverage through date is before the 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure code must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD- surgical procedure code.

Edit 252 EOB: ICD-10 surgical procedure codes cannot be submitted before 10/1/2015.

Applies To: UB-04

Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it contained an ICD-10 surgical procedure code, but the coverage through date is before 10/1/2015.
- An ICD-10 surgical procedure code cannot be billed with a coverage through date prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, an ICD-9 surgical procedure codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD- surgical procedure code.

Inpatient UB-04

Scenario: Bill denied

- Your bill denied because the coverage through date is before 10/1/2015, and your bill contained ICD-10 surgical procedure code(s).
- An ICD-10 surgical procedure code cannot be billed with a coverage through date that is prior to 10/1/2015.
- If your coverage through date is prior to 10/1/2015, ICD-9 surgical procedure codes must be used.

Provider Action:

- Please submit a corrected bill with the proper ICD- surgical procedure codes.

Edit 739 EOB: ICD Indicator version mismatch. The ICD Indicator submitted on the bill is not appropriate for the billed diagnosis code.

Applies To: OWCP/CMS 1500 and UB-04

OWCP/CMS 1500

Scenario: Bill denied

- You submitted a bill with an ICD indicator in box 21 of the OWCP/CMS 1500 that is not the same ICD indicator version for the billed code.
- If your ICD indicator in box 21 is “0” indicating “ICD-10”, then your diagnosis codes cannot be an ICD-9.

Provider Action:

- Please resubmit your bill with the correct ICD in box 21.

Inpatient/Outpatient UB-04

Scenario: Bill denied

- You submitted a bill with an ICD indicator in box 66 of the UB-04 that is not the same ICD indicator version for the billed code.
- If your ICD indicator in box 66 is “0” indicating “ICD-10”, then your diagnosis code cannot be an ICD-9.

Provider Action:

- Please submit your bill with the correct ICD indicator in box 66.

Edit 852 EOB: This bill was identified as part of a bill that was split due to the ICD-10 cutover.

Applies To: UB-04

Inpatient/Outpatient UB-04

Scenario: Bill denied

- Your bill denied because it was identified as part of a bill that was split due to the ICD-10 transition. A review determined the bill was not split correctly.

Provider Action:

- Please ensure your charges align with your coverage dates and resubmit your bill.